



THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF LABOR  
**DIVISION OF OCCUPATIONAL SAFETY**  
[www.mass.gov/dos](http://www.mass.gov/dos)

## **Application for Determination of Overtime Law for Seasonal Businesses M.G.L. c. 151, §1A(9)**

Pursuant to M.G.L. c. 151, §1A(9), a business or specified operation of a business which is carried on during a period or accumulated periods of not more than 120 days per year, and determined by the Division of Occupational Safety to be seasonal in nature, is exempt from the requirement to pay employees not less than time and one-half for any time worked in excess of 40 hours in one week.

To apply for a seasonal business waiver, the employer must submit this completed application form, along with a fee of two hundred dollars (\$200). The fee must be submitted in the form of a money order or check, payable to the Commonwealth of Massachusetts, in the amount of the entire annual/seasonal fee. This fee is not refundable in the event that this application is denied.

**Please submit the completed application form and application fee to:**

**Division of Occupational Safety  
Minimum Wage Program  
19 Staniford Street, 2<sup>nd</sup> Floor  
Boston, MA 02114**

**Your application form and fee should be submitted at least 30 days prior to the requested date of applicability.**

**If you have any questions regarding this application, please contact  
Lisa Price at 617-626-6952 or send email to [Lisa.Price@state.ma.us](mailto:Lisa.Price@state.ma.us)**



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Department of Labor  
Division of Occupational Safety  
19 Staniford Street, 2<sup>nd</sup> Floor  
Boston, MA 02114  
617-626-6952  
Fax: 617-626-6944  
DOS Homepage: [www.mass.gov/dos](http://www.mass.gov/dos)

Application for Waiver of  
**Overtime Law for  
Seasonal Businesses**  
M.G.L. c. 151, §1A(9)

Please provide the following information:

1. Name of company/organization: \_\_\_\_\_
2. Nature of business: \_\_\_\_\_
3. Telephone number: \_\_\_\_\_
4. Business address: \_\_\_\_\_
5. Name of contact person and title: \_\_\_\_\_
6. How many days will the business (or the seasonal portion of the business) operate?  
\_\_\_\_\_
7. Between which dates will the business (or seasonal portion of the business) operate?  
\_\_\_\_\_
8. a. Is this the company/organizations's first waiver application? Yes / No  
b. If this is not the first application, when was the last application made? \_\_\_\_\_  
c. If a previous application was approved, when was the waiver in effect? \_\_\_\_\_

***Application for Waiver of Overtime Law for Seasonal Businesses -Page 2 of 2***

**Please note: If the waiver application is approved, the Division of Occupational Safety may attach conditions to the granting of the waiver if deemed necessary.**

**Signature of Applicant:**\_\_\_\_\_

**Name of Applicant:**\_\_\_\_\_

**Title:**\_\_\_\_\_

**Date:**\_\_\_\_\_

**Office Use Only**

CMS # \_\_\_\_\_

Check # \_\_\_\_\_

Date Received \_\_\_\_\_

New Application / Renewal  
Expiration Date \_\_\_\_\_

Granted/ Denied Date \_\_\_\_\_